Best Available Copy

	M	ULTIPI	E DEP	ENDER	AT CIL	I TRAT	SERI	IL NO.		-		1000			
	MULTIPLE DEPENDENT CLAIM FEE CALCY ATION SHEET (FOR USE \ , H FORM PTO-875)								M / 56 A 1 57				PILING DATE		
ļ		(FOR US	SE /AI	FORM	PTO-875			ICANT	r(\$, , <u>.</u>	Loui-Man					
	10	TOTAL TOTAL	AFT	rer	AT	TER	CLAIMS		-	~	<u> </u>				
	AS FILED		I"AMENDMENT .		2 MAMENDMENT				AS FILED		AFTER		AFTER		
1	IND.	DEP.	IND.	DEP.	IND.	DEP.		[IND.	DEP.	IND.	DEP.	IND.	DEP.	
$\frac{2}{3}$							<u>5</u>	2		·	1				
4		 				 	5.5	3			<u> </u>				
5							5:	5			╢ 				
7		 					5	5							
8							5	3		 	 				
10		1					5								
11 12							6		·	 	 		<u> </u>		
13							6	,				·			
14 15	-						64				 				
16					<u> </u>		66								
17 18							67						-		
19							69		-						
20 21							70								
22							71								
23 24		1					73					·			
25							74								
26 27 ·		 					76							·	
28							77								
29 30	 						79								
31							80 81	_							
32 33	 						82								
34							83 84	-							
35 36	1						85 86							<u> </u>	
37 38						<u> </u>	87				}				
39.							88 89	_							
40 41 ·							90								
42	<u> </u>						91								
43							93								
44 45							94	_							
46							95 96	-							
47 48							97								
49							98 99								
50							100								
OTAL IND.	9	₹ -		₽		₽	TOTAL II	1D.		10		₹.		1	
TOTAL	17						TOTAL D					(2	4		
CLAIMS	26.	es de la constante de la const					TOTAL					TO CO COMPANIED L			
PTO - 1360	(REV. 11/04)								U	S. DEPART	MENT of COS	MANERCIZ		·	